

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16268

State File No.

BIRTH NO. _____ REG. DIST. NO. 148 PRIMARY REG. DIST. NO. 3338 Registrar's No. 142

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Township		c. LENGTH OF STAY (in this place) 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence-Liberty Bridge #1 on 71 Highway By Pass		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. STREET ADDRESS 11220 E. 24th		4. DATE OF DEATH (Month) (Day) (Year) April 23, 1949	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Anthony c. (Last) Kane		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 2, 1891		9. AGE (In years last birthday) 57	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery owner		10b. KIND OF BUSINESS OR INDUSTRY Grocery store	
11. BIRTHPLACE (State or foreign country) Knobnoster, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Domonick Kane		13b. MOTHER'S MAIDEN NAME Mary Markin	
14. NAME OF HUSBAND OR WIFE Jennie B. Kane		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 190 09 0919		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie B. Kane, Independence, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Browning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6-97.5X		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION Deputy Coroner		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., home, factory, street, office, etc.) Missouri River	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 23 1949 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped in River	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE A. E. Upsher (Degree or title) 7100		23b. ADDRESS 2800 Main	
23c. DATE SIGNED 5/19/49		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE May 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Sunny slope	
24d. LOCATION (City, town, or county) (State) Richmond, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. B. Carson	
DATE REC'D BY LOCAL REG. May 4 1949		REGISTRAR'S SIGNATURE James R. ...	
ADDRESS Independence, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Body was not embalmed Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed..... *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.